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** CONTINUING DATA ***** *none E*

** FOREIGN APPLICATIONS ***** *none E*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>E</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE
Endpoint event processing system

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